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**SCULLY, SCOTT, MURPHY
& PRESSER****Fax****RECEIVED
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To:	examiner Wei Y. Zhen	From:	Steven Fischman
Fax:	(571) 273-8300	Pages:	18 pages including cover sheet
Phone:		Date:	August 29, 2005
Re:	U.S. Serial No: 09/703,527 Group Art Unit: 2191 Confirmation No: 1908 Docket No: YOR920000257US1 (13734)	CC:	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**


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PAGE 2/18 * RCVD AT 8/29/2005 11:13:23 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-8/30 * DNIS:2738300 * CSID:5167424366 * DURATION (mm-ss):05-50

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. YOR920000357US1 (13734)	
Applicant(s): Matthew R. Arnold, et al.						
Application No. 09/703,527	Filing Date November 1, 2000	Examiner Wei Y. Zhen	Customer No. 23389	Group Art Unit 2191	Confirmation No. 1908	
Invention: SYSTEM AND METHOD FOR CHARACTERIZING PROGRAM BEHAVIOR BY SAMPLING AT SELECTED PROGRAM POINTS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	36 -	36 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: August 29, 2005			
Steven Fischman Registration No. 34,594 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
CC:						

P11LARGE/REV09

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TOTAL CLAIMS	36 -	36 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: August 29, 2005		
Steven Fischman Registration No. 34,594 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<div style="border-bottom: 1px solid black; margin-bottom: 5px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature of Person Mailing Correspondence</div> <div style="border-bottom: 1px solid black;">Typed or Printed Name of Person Mailing Correspondence</div>		
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CENTRAL FAX CENTER****AUG 29 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicant(s):** Matthew R. Arnold, et al.**Examiner:** Wei Y. Zhen**Serial No:** 09/703,527**Art Unit:** 2191**Filed:** November 1, 2000**Docket:** YOR920000357US1 (13734)**For:** SYSTEM AND METHOD FOR
CHARACTERIZING PROGRAM
BEHAVIOR BY SAMPLING AT
SELECTED PROGRAM POINTS**Dated:** August 29, 2005**Confirmation No:** 1908

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Responsive to the Office Action of May 27, 2005, Applicants respectfully
request the Examiner to reconsider the application in view of the following remarks.

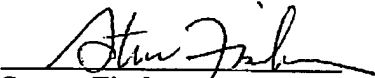
Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 10 of this paper.

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Dated: August 29, 2005


Steven Fischman